

Connecticut Health Insurance Exchange Consumer Outreach Interview

Consumer Advocate Interview Summary

Dates:

March 5, 2012

Background:

Mintz & Hoke has been charged with developing the consumer outreach program for the Connecticut Health Insurance Exchange. A series of consumer outreach forums and individual interviews represent the initial steps in a multiple-phased information gathering process aimed at better understanding people's needs, desires and expectations relative to the Exchange. Input from participants in these discussions, moderated by Mintz & Hoke, will have a direct impact on the development of messages and the tools used to introduce the Exchange and inform state residents about the options available to them. Recruitment for individual interviews was based on a model of community leaders who were unable to participate in prior forum discussions. This document is intended as a summarized snapshot of the initial perspectives shared by the individuals who participated. **This document is not intended to represent final thoughts or positions.**

Interviewer:

Chris Knopf, Mintz & Hoke

Interview Participant:

Jennifer Jaff, Advocacy for Patients with Chronic Illness

Consumer Perception:

What are your constituents' current attitudes toward the healthcare industry? How do they feel about their ability to access healthcare? What is affecting their attitudes?

The attitude toward the health insurance industry is extremely negative. My organization's constituents are people with chronic illnesses. We work nationwide. We get phone calls from people who are having problems. By nature, we tend to hear about the bad and not the good. These people face huge problems with coverage for particular services and treatments. People's deductibles and copays are going up, and they can't afford medicine. Once they find the right treatment the insurance company says they won't cover it.

The attitude toward healthcare is that pharmaceuticals is making too much money, charging too much for drugs. We conducted a nationwide survey funded by National Institute of Health, and heard many complaints about providers' failure to coordinate care. A very large percentage of people were told that something eventually diagnosed as a physical illness was purely psychological. Lack of respect for patients. People ask us to intervene with providers, communicate with them since they feel they do not understand their needs. Doctors tend to get really hostile when they don't understand what's going on and you keep pushing them for answers.

Part of it is insurance issue. If coverage is denied, they don't have access. Complaints about people having to wait a long time to get a doctor appointment. Inquiries from consumers who cannot find the specialty they need in network, trying to get out of network exception from carrier. Network adequacy is an issue. Getting in to see doctors in a timely manner.

What or who helps facilitate them getting healthcare? What are the obstacles that currently prevent them from getting healthcare?

People don't have a lot of places to go with these issues. The Office of the Healthcare Advocate (OHA). I am in contact with a woman whose son had traumatic brain injury and has been in hospital long time. The family wants him discharged to rehab. She's working with OHA, Attorney General, and more – everyone is involved and still can't get a discharge plan from the hospital that is sufficient. No matter where you go you still face these issues. They have not been able to get any rehab facilities to accept him, likely due to financial reasons.

What is the awareness of your constituents about the forthcoming changes in healthcare insurance? How is it perceived that it will affect them?

A lot of trepidation. Concern about whether this will be good or bad for patients. I have been trying to get people used to the vocabulary and educate about what is going to be happening. People are wary of it and don't fully trust it yet.

What kinds of questions will your constituents have about how that affects them?

No one believes me when I say insurance is going to be less expensive, that there will be subsidies available. Not very trustful of insurance companies and in particular, premium prices. Inaccurate information being floated out there like death panels for instance. We are constantly trying to educate people that those scare tactics are not reality. National critics. State has yet to start communicating with the general public about what's happening. The Board has done very little if any outreach at all. If anything it seems to go into executive session a lot. Even those of us who are engaged are not really "in the know." Level of transparency will be really important especially for advocate community because we've been completely shut out of the Board process.

What is the current level of awareness of healthcare exchanges? What impact does it have on them individually?

Minimal. Those of us in it day to day are very aware but feel excluded. There is great distrust as a result. To the extent that the Board is going to need us to help get the word out and teach people about it, would have been smarter to actually engage us. They've chosen to be very secretive instead. They took people who were very strongly in favor of healthcare reform and upset us from day 1. And we're the ones who are going to have to explain this to consumers. It's good that M&H is having these conversations, it would be even better to have the Board having these conversations.

Understanding the Effect:

Describe how the Exchange can affect the lives of your group members.

Ideally, everyone who comes to me will be able to find insurance. People will have access to coverage despite pre-existing conditions, even if they couldn't otherwise afford it. Medicaid expanded.

As they start to hear more about the Exchange, what do you think their main concerns will be? What is the upside? What is the downside risk?

If everything happens the way we hope, people able to shop and choose and purchase insurance at the same time being screened for Medicaid and subsidies and possibly Basic Health Program. On a website that is relatively easy to navigate. Ability to compare plans. New summary of benefits and coverage created by federal regulation. Hopefully this will be linked to on the Exchange so people can compare plans using the exact same form. People can become educated, informed consumers. One stop shop. Access to healthcare.

People could get flooded with too much information. Take a more selective approach to what plans get advertised on Exchange. Prefer Massachusetts model to Utah model. Very concerned about first open enrollment plan – won't be long enough. Don't know whether Exchange will default people into plans or people won't have the option to sign up if they don't do it during the enrollment period. All the information people have to wade through for the first time. Having a restricted open enrollment period concerns me, although that's part of the federal requirement. A risk is that there is so much new information that people are going to get lost.

Focusing the Message:

What elements of the Exchange do you think could cause the most confusion or apprehension?

The flood of information. Will there be enough people available to answer questions in a knowledgeable, reliable way? Nonprofits even – people call organizations and get answer machine with no call back. Don't know whether Board will ensure that people can get their questions answered in a timely manner.

It would be beneficial if the Board were already doing outreach. Each time there is a meeting, there should be a press release indicating, "This is what we got done." "This is where we are headed." So public can think about it and start to understand what an Exchange is.

The fact that they will have options. We don't want to overwhelm people, on the other hand, we want them to have enough choices. I've spent some time on the Massachusetts Connector, and the Utah Exchange. I find the Massachusetts website so much easier to navigate. Options are important: levels of coverage (bronze/silver) types of products (HMOs, PPO). There are some insurance companies out there with less than ideal insurance products. People in MiniMed plans who are going to have to buy real insurance for the first time – many of those people have never had a choice before. If you've never had insurance, how do you choose?

What is the most important information the Exchange needs to make available to consumers?

Start now. My organization gives talks on Health Insurance 101. What is an HMO? PPO? Exchange? What is the difference between a self-funded plan vs. state-funded? People eat it up. No one has explained it to them before. HIPAA, COBRA. There is a whole vocabulary that we use in talking about health insurance that people don't understand. How to read an Explanation of Benefits. When they don't get it they just kind of set it aside. People will be so overwhelmed with the decision that they have to make that they won't make it at all.

I think we could be doing consumer education all over the state of Connecticut today. Make it so that people will be ready when the Exchange comes. Am I going to need to see an out of network doctor or not? Enable them to make basic decisions before they even get to the exchange. Formularies – how to figure out what's included and who's in network? Deductibles, copay, network, formulary, coverage.

A lot of people who are currently uninsured are employed. Many people with pre-existing conditions have not had the luxury of choosing an insurance plan, now they are going to have a choice of 10 or so. They need to understand the basics. Can you handle a high-deductible health plan? Are you someone who is very risk-averse and therefore should have a lower deductible?

You never get 100% of people feeling like they made the right choice after open enrollment, because they didn't really know what they should be looking for. They kept same plan as last year for instance but formulary changed and they weren't alerted.

What tone or personality do you think the Exchange should use in their messaging?

Part of the success of my organization comes from the fact that I am also a patient. I have been a patient for 30 years, I have a chronic illness so I understand what it is like to live with it. That makes all the difference in the world. The Exchange message should share some experiential, linguistic, cultural homogeneity. It is not enough to just speak Spanish, it's also understanding the culture. Send people out who have no stake. Education – don't use brokers/agents unless they're serving as navigators and not getting fees as a broker. People already don't trust insurance companies, so if your speaker looks like they were sent by one, it is not going to go well. Ambassadors who look like the consumer would be more beneficial.

Vision/Approach for Outreach:

What is the best way to communicate about the Exchange to your constituents? What language do they speak? How do they travel? Are there places where they congregate?

Because we're a national organization sitting in Connecticut, we do our day to day work by phone, email, fax and regular mail. A vast majority of my clients I never meet, but it seems to work fine. People are comfortable with phone, email.

When I go give talks through the country, I think that's even better. When I go give a talk, I'll give an hour spiel, then stick around and do question and answer for at least an hour. There needs to be time for sitting with individual people – can't just walk out of building after.

Have to go to them, can't make them come to us. We should allow the opportunity for people to contact us by phone/email as well as in-person sessions which undoubtedly need to happen. In some cultures it is very important to see a person face to face to build trust. Others are fine with giving personal information over phone/email.

Use community leaders all over Connecticut. We've worked with Mi Casa – a community center in Hartford for Latino population. You'd be hard pressed to find an English speaking person in that building. Suspect there are places like that all over the state.

As we consider ways to publicize the Exchange, how do we reach them beyond traditional media?

Social media works to some extent. We have a Facebook page. Specific disease organizations have discussion/affinity groups. We had a National Institute of Health grant, and partnered with Center for Chronic Disease, we wrote proposal to NIH asking for 1,500 respondents, got 1,800 people. Perhaps use OHA to do mailing, reached out to disease organizations on a national level to get them to put info on their websites/newsletters, included our recruitment announcement. Between that and online work we do (website, blog, Facebook page) we recruited a much higher number than anyone thought we would.

Legal services organizations all over Connecticut are working with people who have Medicaid issues. Center for Medicare Advocacy. My organization is willing to help any way we can.

Who or what are your constituents' trusted source(s) for information? What is the best way to leverage these sources to reach this audience? What role should ambassadors play in communicating the Exchange?

People look to those within their communities. There is an opportunity to establish relationships. Exchange Board should be visible – on weekend talk shows – out there introducing themselves to community.

Start by introducing – this is the Board, this is their role, this is what an Exchange does. You can be laying ground work at this point. Don't want to put out specific information that may change drastically. There is enough that we know for sure. We know there is an Exchange, and on it you can apply for HUSKY, apply for subsidies, buy insurance. We can at least say that much. There is plenty we know that I think we can be doing it now.

How can we make it easier for your group members to understand the Exchange and feel more comfortable with it?

I would suggest that materials are written by people who have a lot of communication with patients to start with. All the technical jargon, people's eyes just glaze over. People know their insurance company is not paying for something, but they don't know why. They have the denial letter, and the reason is in there, but the people either don't or cannot understand the language and the rationale.

What do you need to enable you to help your constituents better understand the Exchange (i.e. communications, tools, education materials, etc)?

We have a blog, Facebook page, newsletter, keep database of CT clients if we need to leverage it. We rewrite a lot of stuff so that they'll understand it.

Constituency is extremely diverse. Some clients are broker than broke – if not homeless, very close. Also have people who are in better economic situations. People come to us for our expertise, not because we're free. There is tremendous access to internet among our constituency. People who come to us are not as racially and ethnically diverse, but they are geographically diverse and economically diverse. There is tremendous isolation for people with chronic illness. Digital materials would be good. We reach 2,600-2,700 people with our eNewsletter. 2,500-2,600 hits to website per month.

What can we do to help how the Exchange impacts your constituents in a positive manner?

Want to stress this point: we should be doing this now. There's no reason why we can't be teaching people the basics about insurance so when they come to the Exchange they know the difference between an HMO and a PPO.

Describe what you would consider to be a successful outreach effort. What are the key elements that must be a part of the introductory outreach efforts?

The more transparent the process, accurate information, less hysteria is going to happen when open enrollment comes around.